FORM D

Received SEC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECUDITIES

OMB APPROVAL					
OMB Number: 3235-0076					
Expires:	June 30, 2008				
Estimated aver	age burden				
hours per respon	se 16 00				

SEC USE ONLY						
Prefix		Serial				
DATERECEIVED						
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	NOTICE OF SALE OF SECURITIE	· •	SEC USE UNL1
AUG 2 1 2008	PURSUANT TO REGULATION D,	,	Prefix Serial
2 1 2008	SECTION 4(6), AND/OR	ļ	DATERECEIVED
nington, DC 20549	UNIFORM LIMITED OFFERING EXEM	PTION	
Name of Offering (sheck	if this is an amendment and name has changed, and indicate change.)		
Series B Preferred Stock and			
Filing Under (Check box(es) that Type of Filing: New Fil	at apply): Rule 504 Rule 505 Rule 506 Section 4(6) ing Amendment	ULOE	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requ	ested about the issuer		
Name of Issuer (check if the RoyaltyShare, Inc.	his is an amendment and name has changed, and indicate change.)		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	_ \)000000
5456 Morehouse Drive, Suite	165, San Diego, CA 92121-4764	(858) 458-160	00
Address of Principal Business C (if different from Executive Off		Telephone	Number (Including Area Code)
Brief Description of Business			
Web-based service for manage Type of Business Organization corporation business trust		please specify):	
Actual or Estimated Data of Inc	Month Year	noted.	PROCESSED
Actual or Estimated Date of Inc Jurisdiction of Incorporation or	orporation or Organization: 0 2 0 5 K Actual Estir Organization: (Enter two-letter U.S. Postal Service abbreviation for State		4440 0 5 0000
•	CN for Canada; FN for other foreign jurisdiction)	DE	AUG 2 5 2008
GENERAL INSTRUCTIONS			THOMSON REUTE
Federal: <i>Who Must File:</i> All issuers maki 77d(6).	ng an offering of securities in reliance on an exemption under Regulation D o	or Section 4(6),	
and Exchange Commission (SEC	e filed no later than 15 days after the first sale of securities in the offering. C) on the earlier of the date it is received by the SEC at the address given be as mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities	and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.	
	es of this notice must be filed with the SEC, one of which must be manually ned copy or bear typed or printed signatures.	y signed. Any	copies not manually signed must be
Information Required: A new fi	iling must contain all information requested. Amendments need only repo	rt the name of t	he issuer and offering any changes

thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Grady, Steve Business or Residence Address (Number and Street, City, State, Zip Code) 5465 Morehouse Drive, Suite 165, San Diego, CA 92121-4764 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Kohn, Bob Business or Residence Address (Number and Street, City, State, Zip Code) 5465 Morehouse Drive, Suite 165, San Diego, CA 92121-4764 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Holcombe, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 5465 Morehouse Drive, Suite 165, San Diego, CA 92121-4764 Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: □ Director General and/or Managing Partner Full Name (Last name first, if individual) Dixon, Donald R. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Trident Capital, 505 Hamilton Avenue, Suite 200, Palo Alto, CA 94301 Check Box(es) that Apply: □ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Iwanowski, Mark Business or Residence Address (Number and Street, City, State, Zip Code) c/o Trident Capital, 505 Hamilton Avenue, Suite 200, Palo Alto, CA 94301 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Saper, Jeffrey D. Business or Residence Address (Number and Street, City, State, Zip Code) 650 Page Mill Road, Palo Alto, CA 94304 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Trident Capital Business or Residence Address (Number and Street, City, State, Zip Code) 505 Hamilton Avenue, Suite 200, Palo Alto, CA 94301

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Bertelsmann Digital Media Investments S.A., c/o Bertelsmann, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1745 Broadway, 7th Floor, New York, NY 10019 General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director . General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
1	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No ⊠					
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							L.	NO.				
2.								s N/A					
												Yes	No
3.		-	permit join		•						•		X
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Nar	ne of As	sociated Br	oker or De	aler									
Stat			Listed Has										
	(Check	"All States	" or check	individual	States)				***************************************	•••••		☐ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	l Name (Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated Br	oker or De	aler					,				
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)						•••••	☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	l Name (Last name	first, if indi	vidual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							States						
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Pri		An	nount Already Sold
	Debt	ş (0.00	\$	0.00
	Equity).18	\$	250,000.18
	Common 🔀 Preferred				
	Convertible Securities (including warrants)	124,999	9.36	\$	124,999.36
	Partnership Interests		0.00		0.00
	Other (Specify)	5	0.00	\$	0.00
	Total		.54	\$	374,999.54
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate ollar Amount of Purchases
	Accredited Investors	1		\$_	374,999.54
	Non-accredited Investors	0		\$_	0.00
	Total (for filings under Rule 504 only)	0		S _	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	ollar Amount Sold
	Rule 505			\$_	0.00
	Regulation A		<u></u>	s _	0.00
	Rule 504			\$_	0.00
	Total		_	\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••		S	····
	Printing and Engraving Costs	•••••		s	
	Legal Fees	•••••	X	\$	15,000.00
	Accounting Fees			\$	· · · · · · · · · · · · · · · · · · ·
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify) Filing Fees		X	\$	300.00
	Total		X	\$	15,300.00

	C. OFFERING PRICE, NUME	ER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adju-	sted gross	\$ <u>359,699.54</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an esti the payments listed must equal the adjus	mate and	
			Payments to Officers, * Directors, & Affiliates	Payments to Others
	Salaries and fees		S	_
	Purchase of real estate			s
	Purchase, rental or leasing and installation of machand equipment	ninery	S	s
	Construction or leasing of plant buildings and faci	lities	S	_ 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	\$ <u>`</u>	_
	Repayment of indebtedness		_	_
	Working capital			
	Other (specify):			
			 	_ 🗀 \$
	Column Totals			\$_359,699.54
	Total Payments Listed (column totals added)		\$ <u>35</u>	59,699.54
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange	Commission, upon writte	
İss	uer (Print or Type)	Signature	Date	
	yaltyShare, Inc.	Kolvert D. 1)am	August 20, 20	008
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Ro	bert G. Day	Assistant Secretary		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

